

Graduate Group in Pharmacology & Toxicology

Lab Rotation Report

Copy as needed for number of rotations
(Please return to Victoria Dye, vedye@ucdavis.edu, 4139 Meyers Hall)

Student Name: _____

Supervising Faculty Member: _____

Quarter: _____, **Number of Units (299):** _____

Title or Summary of Laboratory Project/s:

Faculty Evaluation of Students Lab Rotation:

Technical Skills:

Scientific Skills:

Overall Evaluation: _____ **Unsatisfactory,** _____ **Satisfactory,** _____ **Excellent**

Comments: